MPI Custom Built Information Sheet

# Submitted By: Click or tap here to enter text.

Date: Click or tap to enter a date.

# **Part Description**

Part Description: Click or tap here to enter text.

Name of the part: Click or tap here to enter text.

Surface Finish [ ]  Machined [ ]  Forged [ ]  Casted [ ]  Drawn

Largest Part Dimensions: (Length, inches) Click or tap here to enter text.

 (Width / Dia., inches) Click or tap here to enter text.

(Height, inches) Click or tap here to enter text.

Maximum Part Weight, specify unit of measure: Click or tap here to enter text.

# Note: (Drawing or Hand Sketch with approximate dimensions and weight of each part must be attached with this. Please mark the areas on the drawings where the defects to be detected.)

Cracks to be Detected: [ ]  Surface [ ]  Longitudinal [ ]  Transverse [ ]  Subsurface

# MPI Powder

 [ ]  Wet/Dry
 [ ]  Fluorescent/Non-Fluorescent

# Carrier

 [ ]  Water

 [ ]  Oil

ANY CODE SPECIFIED: Click or tap here to enter text.

PROCESS BEFORE MPI: Click or tap here to enter text.

PROCESS AFTER MPI: Click or tap here to enter text.

PROCESS CYCLE OF THE PRODUCT: Click or tap here to enter text.

PROCESS CYCLE OF THE PRODUCT: Click or tap here to enter text.

Magnetization: [ ]  Continuous Method [ ]  Residual Method

Current Output: [ ]  AC [ ]  HWDC [ ]  1 Ph. FWDC [ ]  3 Ph. FWDC

Mode: [ ]  Contact [ ]  Coil [ ]  Combination [ ]  Flux Flow

Equipment Output: Click or tap here to enter text.( Amps )

Bath Application: [ ] Manual [ ] Auto

Clamping of Parts: [ ]  Horizontal axially [ ]  Vertical [ ]  Horizontal Radially

Support for parts: [ ]  Steady Rest of Tracks [ ]  Stocks

Magnetization Rate: Click or tap here to enter text.( Parts Per Hour)

Inspection Rate: Click or tap here to enter text.( Parts Per Hour)

Cycle operation: Click or tap here to enter text.

Inspection: [ ]  On the Unit
 [ ]  Separate Booth

Space Available: Click or tap here to enter text.

Any other requirement: Click or tap here to enter text.

# Demagnetization

To be done on: [ ]  On the Unit [ ]  Track & trolly
 [ ]  Separate Booth [ ]  Not required

Current: [ ]  AC Auto Decay
 [ ]  Reversing

Shot: [ ]  Contact [ ]  Coil [ ]  Combination

Residual Field Permitted: Click or tap here to enter text.(Gauss)

Ammeter Type: [ ]  Analog [ ]  Digital with memory [ ]  PLC [ ]  HMI Make

# **Project Information**

Expected Purchase Date: Click to enter a date.

Expected Delivery Date: Click to enter a date.

# **Company Information**

Company Name: Click or tap here to enter text.

Address: Enter text

City: Enter text State: Enter text Zip: Zip

Country: Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

E-mail Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Country of Installation: Click or tap here to enter text.

Address of Installation (if different): Click or tap here to enter text.

